



Moore County Health Department
Environmental Health Section
PO Box 279, Carthage, NC 28327
Phone (910) 947-6283
Fax (910) 947-5127

APPLICATION FOR SEWAGE DISPOSAL RECERTIFICATION

Receipt #: _____ Parcel ID/LRK #: _____
Owner: _____ Home Phone #: _____
Mailing Address: _____ Cell #: _____
Email: _____
Representative: _____ Cell #: _____

PROJECT ADDRESS:

- (A) Home or Out-Building Addition: _____
(B) Swimming Pool: _____
(C) Business/Church: _____
(D) Geothermal Loop: _____

Name of original property owner (when system was installed): _____
Approximate date of septic system installation: _____

*** Applicant must submit a plot plan indicating lot size, existing building locations, proposed building addition, swimming pool, driveway, existing wells and underground storage tank locations.**

*** Approval expires six (6) months from date of issuance.**

(A) **Home/Building Addition** – Intended use of room addition: _____
With plumbing: _____
TOTAL number of bedrooms: _____
All proposed building additions must be staked out on lot.

(B) **Swimming Pool** – Swimming pools must be at least 15' away from existing septic systems and repair area if required.
Are bathhouses or showers proposed for pool area? _____
Proposed location of pool must be staked out on lot.

(C) **Business/Church** – Intended use of building: _____
Number of employees: _____
Number of church seats: _____
Will Industrial Processed Wastewater be generated? _____
Will Food Service Facilities be provided? _____
Are floor drains planned: _____
All proposed building additions must be staked out on lot.

I hereby certify the information supplied herein is true and accurate to the best of my knowledge. I hereby waive any claim for damages from any evaluation performed pursuant to this application.

Date: _____

Signature: _____

(Owner or Representative)

SITE PLAN WORKSHEET

Place a mark (X) beside each item that has been indicated on your site plan, incomplete site plans will be returned to you for completion. Remember: **Your property will not be scheduled for an evaluation until we have received a completed application, site plan, and all proposed items are marked on the property.**

- _____ - The dimensions of the property.
- _____ - The proposed location of all structures (e.g.: facility, wells, water lines, outbuildings, pools). Show the distances from the road and the side property line to all structures. Be sure and give the dimensions for all the structures. If you are unsure as to the structure size, please show the dimensions of the MAXIMUM area of the lot that you anticipate the structure will cover.
- _____ - The site you would prefer your septic system to go in.
- _____ - The preferred driveway location.
- _____ - The proposed well location.
- _____ - A north arrow or other sufficient directional indicator.
- N/A _____ - Any proposed structures or improvements to the property such as garages, workshops, pools, etc. **If there are none, circle "N/A"**
- N/A _____ - The location of any existing septic tank systems and wells on your property and on the adjoining property within 100' of your property line. **If there are none, circle "N/A"**.
- N/A _____ - The location of any easements or rights of way on the property. **If there are none, circle "N/A"**.
- N/A _____ - The location of any designated wetlands on the property. **If there are none, circle "N/A"**

USE THE BACK OR ANOTHER SHEET TO DRAW YOUR SITE PLAN:
SAMPLE BELOW:

